

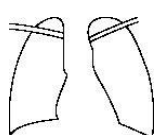


健康診断書

Certificate of Health

의사가 기입할 것 To be filled out by physician

志願者氏名 Applicant Name		性 別 Sex	<input type="checkbox"/> 男Male <input type="checkbox"/> 女Female
生年月日 Date of Birth		国 籍 Nationality	

身長 Height	cm	胸部X線検査 Chest X-ray examination <input type="radio"/> 撮影年月日 Date taken [] <input type="radio"/> 直接 Direct · 間接 Indirect <input type="radio"/> No. Film No. []  <input type="radio"/> 所見 Perspective view 異常不 · 要觀察 · Normal To be checked 要精檢 · 要医療 Require detailed exam Require treatment
体重 Weight	kg	
視力 Eyesight	裸眼 Without glasses 矯正 With glasses 右 Right / 左 Left /	
聴力 Hearing	右 Right 左 Left	
尿検査 Urinary exam.	蛋白 () 糖 () Protein Sugar	
血液検査 Blood exam.	血色素量(Hemoglobin) g/dl 血 色 型(Blood type)	
血压値 Blood pressure	mmHg	

主 現 症 Major symptom	主 既往歴 History of past illness
	<input type="checkbox"/> 肺結核 <input type="checkbox"/> 小兒麻痺 <input type="checkbox"/> 気管支喘息 Tuberculosis Infantal paralysis Bronchitis <input type="checkbox"/> Epilepsy <input type="checkbox"/> 心疾患 <input type="checkbox"/> Allergy Heart disease <input type="checkbox"/> 腎疾患 <input type="checkbox"/> (Others) Kidney disease

이 지원자의 건강상태는 한국 유학에 문제가 없습니까?
 Is the general state of the applicant's health good enough for him/her to pursue the course of study contemplated in korea ?

Excellent health Adequate health With prudence, probably No serious problem Doubtful

진단 결과상 사실과 틀림 없음
 I hereby certify the above statement to be true.

診断年月日 Date _____

医療機関名 Name of clinic :
 住所(所在地) Physician's address :
 医師の氏名 Physician's name :
 署 名 Physician's signature :

印

* This certificate must be put in an envelope and sealed.